

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	3/21/99
O.L.P.E. CLASSIFIER	<i>[Signature]</i>	45	3/25
FORMALITY REVIEW	DMV	69169	4-2-99

# INDEX OF CLAIMS

✓ ----- Rejected      N ----- Non-elected  
 = ----- Allowed      I ----- Interference  
 - (Through numerals) Canceled      A ----- Appeal  
 + ----- Restricted      O ----- Objected

BEST AVAILABLE COPY

Claim	Date
1	10/26/97
2	10/26/97
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Claim	Date
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If more than 150 claims or 10 actions  
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